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PUERPERAL FEVER DEVELOPED UNDER THE INFLUENCE OF TY-
PHUS CONTAGION.

BY WM. E. HUMBLE, ISLINGTON.

ON the 17th of September, 1841, I was requested to see Mrs. L., aged about fifty, a highly respectable person. I found her laboring under typhus fever, complicated with inflammation of the brain; she had already been under treatment for two or three weeks. The head symptoms were relieved by appropriate treatment, but she continued to labor under pure typhus in a very severe form; the teeth and lips were covered with black sordes; the tongue dry and black; the most complete prostration; fæces passed involuntarily; low muttering delirium; in fact, for some time life was only continued by the constant use of wine, strong beef-tea, quinine, &c. The exhalations from the body were most offensive. While in this deplorable condition, myself expecting every time I called to find her dead, amongst those waiting on her was her daughter, Mrs. H., the subject of the following case:—

Unknown to the rest of the family, she was not only enceinte, but had advanced to nearly or quite the ninth month of utero-gestation, for although married, some unfortunate circumstances led her to conceal this fact. Besides waiting on her mother, she at night generally lay down on the same bed by her side; not, however, undressed, and for the purpose of sleeping, but merely to pass in silent thought the tedious hours. On the 22d of September she had been waiting on her mother as usual, at which time her mother was at about the worst, and at night, while so engaged, the pains of labor came on. She did not apprise any one of the circumstance, thinking they would go off, but bore them without exciting any suspicion. The rest of the family retired to rest, leaving her with her mother in the state described. The pains increased, she left the bed, but was unable to reach the door of the room, sunk on the floor, and there, without assistance of any kind, and without being able to wake any individual in the house, the child was born. After some time her groans were heard by her sister, who came to see what was the matter, and at last I was sent for at 3, A. M. I immediately removed the placenta, and calmed her fears, and had her moved with the greatest tenderness out of the room from her mother, from whom the most offensive and putrid exhalations were at the time proceeding.

Having left directions as to the management of the patients I return-

ed home, and the next morning explained to the friends the imminent danger that threatened Mrs. H., having seen a great deal of puerperal fever among the poorer classes, and found it generally fatal when arising from such causes as this. Feeling confident that it was next to impossible that she could escape a severe attack of puerperal fever, I watched the case most anxiously. The first two or three days passed tolerably well, but ere long the dreaded symptoms showed themselves. I had left directions to be sent for at any hour of the day or night on the occurrence of any alarming symptoms, but some hours were allowed to elapse between their appearance and my being acquainted with the fact. I found on visiting her that puerperal fever had, indeed, set in. There was the most intense pain over the abdomen, not confined to one particular spot, and excessively increased on pressure; constant vomiting; rapid, rather small, pulse; faintness; great pain in sinciput; tongue becoming covered with white greasy fur; countenance very anxious. These were the chief characteristic symptoms. I at once bled her to a large amount; and it should be remarked that, although I took away from twenty-five to thirty ounces of blood, no fainting was produced. She felt slightly relieved by it, but not to any great extent. I immediately ordered leeches to be applied to the abdomen, a full dose of tincture of opium to be taken, and calomel and opium every two hours. The blood was excessively buffed; indeed, I had it taken to my house, and showed it to two practitioners of old standing, and they acknowledged they had scarcely ever seen so intense a buff.

In the evening she appeared rather better, and the vomiting was much abated, but excessive tenderness on pressure remained, and the pulse continued very rapid. I ordered the calomel and opium to be continued every three hours, and turpentine fomentations to be applied to the abdomen, as I did not think she would bear a further loss of blood. The turpentine was applied very assiduously, and the whole abdomen was rendered very sore.

The next day she was, however, better, and, as far as we could judge, less pain was produced on pressure, and the vomiting had nearly ceased. The inflammation extended to the mucous coat of the large intestines, and diarrhoea came on, which was uncontrolled by astringents, but yielded readily to antiphlogistic remedies. The countenance now resumed its natural appearance, as it had before betokened the most intense suffering and disease. She continued to improve daily; still, however, great care was required. The vomiting recurred slightly, and was checked by sesquicarbonate of soda and hydrocyanic acid. The alarming symptoms, however, were quite cured, and she recovered quite as rapidly as we could possibly expect.

For three days I did not expect that either her mother, herself or her infant, who was also very ill, would recover. I was, however, not a little gratified to find my anxieties and exertions repaid by the recovery of them all, and they are at this day in good health. Now, the chief points to which I would draw your attention are these: The occurrence of puerperal fever in consequence of being exposed to the noxious influence of typhus, as I had prognosticated, and which, I be-

lieve, will generally be found to be the case, and notwithstanding the nature of the source of contagion, the evident inflammatory nature of the disease itself, and however much it may differ from sporadic peritonitis as ordinarily met with in its symptoms, yet that the most active antiphlogistic remedies should be applied at the commencement of the disease, and that they will cut it short. I conceive that when so much discussion and difference of opinion have existed on the subject, this case, eminently successful as regards the treatment, is anything but devoid of interest.—*London Lancet.*

CASE OF EXCISION OF THE UPPER MAXILLARY BONE.

BY R. D. MUSSEY, M.D., PROFESSOR OF SURGERY IN THE MEDICAL COLLEGE OF OHIO.

THOMAS MCGILLIGHAN, a locksmith, æt. 22, consulted me, in July, 1839, for a painful affection of the left side of the face, which had existed about eight months. The left nostril was entirely blocked up by an adventitious growth of considerable firmness, which extended anteriorly within half an inch of the margin of the ala and septum, and posteriorly so far as to be felt by the finger above the floating edge of the soft palate. The ceiling of the mouth, on the left side, was pushed downwards, so as to present a slight convexity, and the cheek was more prominent than the other. For the pain which extended along the alveolar arch, he had several teeth extracted, but without any important relief. The general health was not materially affected. As there could be no doubt that the tumor sprung from the antrum, and as its progress had been somewhat rapid, I recommended the excision of the jaw bone, as soon as the hot weather should subside, and a strict adherence to a farinaceous diet, with water and a small quantity of milk for drink, which course was faithfully pursued.

On the 28th of September, 1839, I performed the operation in the following manner:—An incision through the integuments, commencing a quarter of an inch below the tendon of the orbicularis palpebrarum, was carried down by the side of the nose, and close to the convex border of the ala, thence horizontally to the median line, from which point the upper lip was cut through vertically. Another curvilinear incision extended from the angle of the mouth to the outer margin of the bony orbit as high as the external canthus. The flap included between these incisions was dissected up and thrown upon the forehead, and the malar bone was exposed by a horizontal incision of an inch backward along the zygoma from the margin of the second incision. An incision on the median line from the incisors to the posterior edge of the hard palate, through the lining of the arch of the mouth, and another through that of the palate, separating it from the palate plate of the palate bone, completed the section of the soft parts. By the aid of a saw and bone nippers the bony connections were divided, and the whole of the upper maxillary bone, except the point of its nasal process—which was left on account of the lachrymal sac—was removed, together with a part of the malar, and the whole of the palate plate of the palate bone. The tumor occupied the cavity of the antrum, had pushed through its anterior

wall, and attenuated its flooring, filled up the whole nasal avenue, pressed the septum some way into the right nostril, and crowded itself into the cells of the sphenoid bone, and, if I judge correctly, filled up the whole cavity of the body of that bone. From this situation I dug it out with the point of my finger.

There was not much hæmorrhage. Three or four vessels only required the ligature. The flaps were preserved in situ by stitches, and a great part of the wound united by adhesion. No severe pain nor considerable constitutional irritation followed the operation, and on the *tenth day* the patient took a walk in the street. The tumor was firm and somewhat fibrous in some parts, and decidedly encephaloid in others. From its soft and homogeneous texture, I entertained fears that it might return, and enjoined it upon the patient to live without flesh, fish or greasy food, with no condiment except salt, and to drink nothing but water—a course which he has rigidly followed to the present time. He has enjoyed fine health, without a trace of the disease, since the operation—a period of *two years and nine months*. The winter after the operation, Dr. Cook, an ingenious dentist of our city, inserted a gold palate, with an arch of teeth, which restored a natural appearance to the mouth, and a perfect articulation. This is still worn, and so slight a deviation from symmetry between the two sides of the face exists, that very few would suspect any operation to have been performed upon it.

Mr. McGillighan is now a thriving mechanic.—*Western Lancet*.

STATISTICS OF INSANITY IN THE UNITED STATES.

BY EDWARD JARVIS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE volume of statistical tables of the late national census, gives the number of insane and idiots in the respective States, Counties and Towns. We have analyzed these, and reduced their proportions and population in the following tables.

I.

State or Territory.	White Population.	No. of Insane.	One in	Colored Population.	No. of Insane.	One in
Iowa.	42,924	7	6132	188	4	47
Wisconsin.	30,749	8	4383	196	3	65
Michigan.	211,560	39	5423	707	26	27
Illinois.	472,254	213	2217	3,929	79	49
Indiana.	678,698	487	1393	7,168	75	95
Ohio.	1,502,122	1195	1257	17,345	165	105
Pennsylvania.	1,676,115	1946	851.7	47,918	187	256
New Jersey.	351,588	369	950	21,718	73	297
New York.	2,378,890	2146	1108	50,031	194	257
Connecticut.	301,856	498	606	8,159	44	185
Rhode Island.	105,587	203	520	3,243	13	249
Massachusetts.	729,030	1204	605	8,669	67	144.5
Vermont.	291,218	398	734	730	13	56
New Hampshire.	284,036	486	584	538	19	28
Maine.	500,438	537	950.5	1,355	94	14
Northern States.	9,557,065	9736	970	171,894	1056	162.4

II.

State or Territory.	White Population.	No. of Insane.	One in	Colored Population.	No. of Insane.	One in
Dist. Columbia.	30,657	4	1816	13,055	7	1865
Florida.	27,943	10	2794	26,534	12	2211
Arkansas.	77,174	45	1715	20,400	21	971
Missouri.	323,888	202	1603	59,814	68	879
Kentucky.	590,253	795	742	189,575	180	1063
Tennessee.	640,627	699	917	188,583	152	1240
Mississippi.	179,074	116	154	197,577	82	2409
Louisiana.	158,457	55	2080	193,954	45	4310
Alabama.	335,185	232	1444	255,571	125	2044
Georgia.	407,695	294	1386	283,697	134	2117
South Carolina.	259,084	376	680	335,314	137	2447
North Carolina.	484,870	580	834	268,549	221	1215
Virginia.	740,968	1053	717	498,829	381	1309
Maryland.	317,717	387	818	151,515	141	1074
Delaware.	58,561	52	1126	19,524	28	697
Southern States.	4,632,153	4900	945.3	2,702,491	1734	1558

III.

Comparison of Northern and Southern States.

	White Population.	No. of Insane.	One in	Colored Population.	No. of Insane.	One in
Northern States.	9,557,065	9736	970	171,894	1058	162.4
Southern States.	4,632,153	4900	945.3	2,702,491	1734	1558
Total.	14,189,218	14636	962	2,874,385	2792	1036

IV.

Summary.

	Population.	Insane.	One in
United States.	17,063,923	17,438	978.5

This national census gives us the most extensive statistical reports relative to the insane that we have seen. All other reports are from local and often imperfect examinations, made up from inaccurate data, from estimates and unofficial authorities. Even this account is incorrect. The whole number, 17,438, falls short of the truth. Wherever we have been able to compare this with the results of more faithful and cautious investigations, we have found the true idiotic and insane population to exceed that reported by the national government. We regret that we have not these more accurate reports from every State, for then we should have a sure record of the truth.

The pauper returns made by the Overseers of the Poor in the respective towns of Massachusetts, in 1840, to the Secretary of State, and published by order of the Legislature, show that there were in that year 518 lunatics and 369 idiots supported at the public charge, making 887 insane and idiotic paupers. Whereas the national census reports only 627 of both classes, showing a deficiency of thirty-six per cent. in the national enumeration. There can hardly be a question, as to which of these reports

we may believe. The town returns are made up by the Overseers and Selectmen, who are acquainted personally with every one under their charge. Their observation and their records must include all that the public treasury support, and no more. On the other hand, the Marshal of the United States must obtain all his knowledge at second hand; and, as many look upon insanity as a stigma on the family, and even disgraceful, they are often unwilling to report to a stranger the fact that one of their household is insane or an idiot. Therefore it is certain that the error is in the national report, and not in the pauper returns from the town authorities. Still farther, the former is more likely to fall short of the truth in respect to the insane in more comfortable condition, than in regard to the paupers. So we not only assume 887 as the true number of insane poor in Massachusetts, but may safely add to 627, the national return of the self-supporting lunatics, 36 per cent., which is the proportion of error in the other class. This will give us 852 supported at private charge and 887 at public cost, and 1739 as the total lunatic and idiotic population in this State.

The same error prevails in the reports respecting some of the other States. The return of the superintendents of the poor of the State of New York shows 1058 lunatics supported at public charge; while the national census gives only 739, which is 43 per cent. less than the truth. If the Marshal's enumeration of the wealthier insane is as deficient as that of the paupers, we should add the same per centage, 653, to 1519, the reported number, which would give us 2172 insane and idiots who support themselves, and 3230 lunatics and idiots within the State of New York, instead 2258, as reported by the general government.

The investigations of the Connecticut Medical Society discovered nearly twice as many deranged and demented as are shown in the preceding tables.

Dr. Stribbling, of the Western Lunatic Asylum of Virginia, states, that in several counties, in that State, where the subject had been examined, the number of insane had invariably exceeded that given in the census reports.

In 1839 the Legislature of New Jersey appointed a commission "to ascertain, as accurately as practicable, the number, ages, sex and condition of lunatics of this State." These commissioners, in January, 1840, reported the ascertained number of insane to be 415—computed number in counties not accurately examined, 90—total, 505. Idiots ascertained, 196. In all of both classes, 701. This is 58 per cent. more than the number reported in the preceding tables.

A similar deficiency was discovered in eastern Pennsylvania, but the precise amount of error we cannot now ascertain; yet there is enough to show that the United States officers have not reported all of this unfortunate class of sufferers.

How far this report falls short of the truth in other States, we have not data to determine. Yet we have no reason to suppose that the means of knowledge are more abundant or ready in the south and west than they are in the east, or that the numbers of insane and idiots reported by the marshals come any nearer the truth in those regions, than

they do in the States which have given us more accurate statements. Whether we should add to the reported numbers in those other States 36 per cent., according to the deficiency in Massachusetts; or 38 per cent., agreeably to that of New York; or 58 per cent., in accordance with the deficit of New Jersey, or none at all, we leave to our readers to determine each for himself, according to his own notions of the accuracy or looseness of the habits of observation and of reporting in the respective States. We only claim that the numbers of pauper insane in Massachusetts and New York, and all the insane in New Jersey, should be taken as given by the local authorities, rather than as found in the tables of the national census.

But admitting this report to be correct, or supposing that it is equally true in all its parts, as to the east and the west, the north and the south, there are important facts developed, which it is worth while here to notice. First, the very similar proportion of insanity to the white population, in the northern and southern sections of the country. So far as this goes, it puts at rest the theory that lunacy prevails more in temperate regions than in the warmer climates; for in the northern States, ranging from the 37th to the 45th degree of latitude, we have 1 insane person and idiot to every 970 inhabitants; while in the southern States, which extend from the 25th to the 39th degree of latitude, there is 1 to every 945 inhabitants. Nevertheless, there may be local causes, or something in the character and habits of the people in these respective sections, which may account for the small difference here displayed, and even prevent a still greater development, in the higher than in the lower latitude. Second, the very great disproportion of insane among the colored population, at the north and at the south. In the free States there is one lunatic or idiot among every 162.4 of the colored inhabitants. While, in the slave States, there is only one in every 1558 of the colored people. This shows almost a ten-fold proportion of colored insane in the free, above that in the slave States. The proportion of insane among the northern negroes is to that among the northern whites, as 6 to 1. The proportion of insane among the southern negroes is to that among the southern whites, as 3 to 5. There is a vast difference between the condition of the colored men in the free States and that in the slave States. Slavery has a wonderful influence upon the development of moral faculties and the intellectual powers; and refusing man many of the hopes and responsibilities which the free, self-thinking and self-acting enjoy and sustain, of course it saves him from some of the liabilities and dangers of active self-direction. If the mental powers and the propensities are kept comparatively dormant, certainly they must suffer much less from mis-direction or over-action. So far as this goes, it proves the common notion, that in the highest state of civilization and mental activity there is the greatest danger of mental derangement; for here, where there is the greatest mental torpor, we find the least insanity.

There are many other considerations to be taken into the account; and indeed the whole subject of the effect of slavery, in all its bearings, upon mental health, is worth an extensive and thorough investigation, which we have not space here to pursue.

The extraordinary difference of proportion of insane and idiots among the colored population, in the free and the slave States, being as 1 in 162 to 1 in 1558, is not altogether owing to the influence of slavery; nor is it entirely the result of variety of climate or locality, for we find that somewhat similar differences prevail between the proportion of insanity and idiocy among the free blacks at the north and among the same population at the south; and also between the ratio of insanity and idiocy among the free blacks and among the slaves in the southern regions. The census tables divide the lunatics and idiots into two classes—those who are supported at private charge, and those who are supported at the public cost. The laws of the slave States compel every master to maintain all his slaves in sickness and in old age. Therefore the class of those who are supported at private charge, will include at least all the insane slaves. On the other hand, the free negroes are almost universally poor—they live from day to day, without accumulation, so that very few of these could be maintained by their own property or by their friends, if deprived of their reason; but very nearly all must be thrown upon charity or the public treasury for their maintenance, and be included in the pauper class of the census. So generally is this true in either case, that we may assume the number of insane and idiots supported at private charge as the number of insane and idiotic slaves, and the number of those at public charge as the deranged and idiots of the free colored population. Upon these principles we have prepared the following table of insanity among the bond and the free negroes at the South.

V.

State or Territory.	Slaves.	Insane at priv. ch'ge	One in	Free Colored Population.	Ins'ne at pub. ch'g.	One in
Dist. Columbia.	4,694	4	1173	8,361	3	2787
Florida.	25,717	12	2146	817	0	
Arkansas.	19,935	13	1533	465	8	58
Missouri.	58,240	50	1164	1,574	18	87
Kentucky.	182,258	132	1380	7,317	48	152
Tennessee.	183,059	124	1476	5,524	28	198
Mississippi.	195,211	66	2957.7	1,326	16	82.7
Louisiana.	168,452	22	7657	25,502	7	3643
Alabama.	253,532	100	2532	2,039	25	81
Georgia.	280,944	108	2601	2,753	26	105
South Carolina.	327,038	121	2702	8,276	16	517
North Carolina.	245,817	192	1280	22,732	29	783.9
Virginia.	448,987	327	1372	49,892	54	923
Maryland.	89,495	99	904	62,020	42	1576
Delaware.	2,605	21	124	16,919	7	2417
Slave States.	2485,954	1391	1804.7	215,517	327	659

This whole report is certainly deficient as to some States; and we have no doubt that it falls short of the truth in all. Yet admitting it to be correct, here is a subject of awful interest to the political economist and the philanthropist. We see that 17,438 of our citizens are deprived of their reason, their means of happiness, and their power of usefulness. It is a matter worthy of our most careful and anxious investiga-

tion, to learn the influence of civilization on the development of insanity, as treated in a late work, by Brierre de Boismont, to understand the sources and the causes of this derangement, and how far those causes are within the control of human knowledge and power. It is a common and a probable theory, that the development of insanity has kept pace with the progress of civilization; and the great disproportion between the number of lunatics among the free whites and the slave blacks in the United States, surely tends to corroborate this doctrine. But we have also the reverse fact, that the proportion of lunacy among the blacks at the north is five times as great as among the whites, who live side by side with them. Yet there are many circumstances connected with the unnatural civil position of the southern slave, that prevent the exercise of his moral and intellectual powers—and in the false social position of the northern negro, that disturb the balance of his character. Besides, there are, in the under currents of life, many influences which increase or retard the effects of undue mental activity or moral excitement; and which, though they escape superficial observation, are the productive sources of insanity. To ferret out all these causes—to see how far they are inherent in our organization or are necessarily attendant on the civilized state—to understand how much they may be controlled by judicious education or faithful discipline—this will require a thorough analysis of the powers of man, and of his civil and social relations. This subject, embracing all the circumstances and influences, that tend directly or remotely to develope insanity, we leave to abler hands to investigate; and we trust that such will show us, that this disorder is not, to its present extent, necessarily and permanently the lot of cultivated man; and that advancing civilization may find means to anticipate all the evils attendant upon its progress, or ways to remove them if they cannot be prevented.

Louisville, Ky., July, 1842.

ANOTHER NEW WORM-TRAP—A THIMBLE IN THE NOSTRIL.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I noticed in your Journal of last week, an account of a "rare curiosity" in the possession of Dr. Stockbridge, Jr., of Bath, Me., viz., "that of a metallic eye, commonly used on ladies' dresses, completely threaded by a worm of the common size, from five to seven inches or more in length."

Among other curiosities, more or less connected with the medical profession, in the museum of the Albany Medical College, there are two or three large lumbrici, once or twice piercing the holes of a common black metallic *suspender button*; another specimen, in which the worm is caught in two places of a plated-wire eye, as in Dr. Stockbridge's case; and a third, with a firm thread apparently knotted securely around near the middle of its body. These were voided from the intestinal canal of different children; and should you deem the cases confirmatory of your suggestion, "that a knowledge of which may ultimately lead to some

important pathological result," you are at liberty to place the above before the readers of your Journal.

We have also, in the museum of the College, a large *open-topped steel thimble*, which was removed from the posterior naris of a boy of 7 years of age, after having been in that situation eight months, and its resting place entirely overlooked by the attending physician, who was called to see the patient almost at the very moment when it passed from the child's mouth to its throat, and was ultimately lodged behind the soft palate, as above stated.

The circumstances respecting this case, were briefly these:—The child was known to have the thimble, and very suddenly, in presence of the father, he became strangled, and for the time nearly suffocated. In an instant the father suspected the thimble was lodged in the throat of the child; and to relieve the little fellow from instant death, he thrust his finger into his mouth—felt it resting upon, and, in all probability, pressing the epiglottis firmly over the rima or air passage; and, fortunately for temporary relief, it was, by this random and instinctive effort to relieve the little sufferer, dislodged and placed behind the velum or soft palate, and crowded into the posterior opening of one nostril.

On looking into the mouth a slight protuberance and redness was to be observed at the back part of the horizontal or bony palate; and by passing a probe along the floor of the nostril, the foreign body was readily detected. It had remained there so long imbedded and surrounded by the soft parts, that its removal proved to be very difficult. Respiration was more or less affected, and there was a sanious and extremely unpleasant discharge constantly kept up until its removal, when the local symptoms all disappeared, and the child's general health was soon restored. I was told a probang was passed down the œsophagus by the attendant physician at the occurrence of the accident, which of course gave no relief; and notwithstanding the train of symptoms as above stated, and the repeated opportunities for examination, and the great solicitude of the parents, the real situation of the thimble had never been suspected.

Perhaps this case will do to place along with your "button case" immediately following the "new remedy for worms." In reporting the above, if the cause of science and humanity should be promoted, by inducing physicians and surgeons to be *more thorough, more acute, and more successful* in their investigation and diagnosis of accidents and diseases, I shall have attained my object, and will now leave the subject at your disposal.

Yours, &c.

A. M.

Albany, Sept. 7, 1842.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 21, 1842.

ANIMAL CHEMISTRY.*

THOSE who are the most competent to judge of the matter, say that Dr. Liebig's *Animal or Organic Chemistry* is one of the extraordinary productions of the age, and in the annals of modern science has not been excelled. Persons of eminence in the department of nature in which the celebrated author of the work under consideration has distinguished himself, speak with admiration of the originality of his thoughts, and, above all, of the brilliancy of his achievements. Two American editions have appeared, almost at the same moment. One is from the press of Messrs. Wiley & Putnam, of New York; and the other from Cambridge, under the careful inspection of Professor Webster, who allows nothing to pass under his eye that will not bear the closest examination of exact scholarship. Much curiosity has been expressed in regard to the value of these rival editions. Since the volume is one that especially falls within the province of the physician, as it is a system of organic chemistry in its application to physiology and pathology, we have no hesitation in recommending to our readers the Cambridge edition, and for the following reasons. Dr. Webster says, in the preface, that after a considerable portion had been printed, "it was deemed advisable to introduce new matter, which, without deranging the whole work, could only be done by withdrawing portions and substituting the new matter. Both the portions withdrawn and those substituted, together with various corrections, and matter for which room could be conveniently obtained, were forwarded by the translator for the use of the present edition." It is obvious, therefore, that there is later and better materials introduced into this, than actually exists in the very last London copy. Then, again, a laborious amount of critical analysis, was passed through by Dr. Webster, to correct the tables, and expurgate the errors that had crept into the transatlantic publication. It is therefore clear that the Cambridge edition has manifest advantages over the New York one, and should have the preference in the estimation of medical purchasers. From Dr. Webster's acknowledged accuracy in the department of chemistry, being the University professor, we cannot admit that his revisions of a book are inferior, or unworthy of entire confidence.

The volume is divided into three parts, and a very elaborate appendix, of fifty-four pages, devoted to the analytical evidence referred to in the sections in which are described the chemical processes of respiration, of nutrition, and of the metamorphosis of tissues. Part I. treats of vital force; distinction between animal and vegetable life; assimilation; vitality independent of consciousness; laws of vital force; conditions of animal life; nutrition dependent on chemical changes; amount of oxygen inspired by

* *Animal Chemistry, or Organic Chemistry in its application to Physiology and Pathology.* By Justus Liebig, Professor of Chemistry in the University of Giessen. Edited from the author's manuscript, by William Gregory, M.D., &c., with additions, notes and corrections by Dr. Gregory, and others by John W. Webster, M.D., Professor of Chemistry in Harvard University. Cambridge: John Owen. 8vo. pp. 347.

an adult man, &c. &c. Effects of climate on the appetite; process of starvation; amount of animal heat; elements of nutrition and respiration, &c. &c. Part II. regards the discovery of proteine; theory of chymification; relation of blood or flesh and proteine to the secretions and excretions; origin of bile, of hippuric acid, &c.; and in Part III. are considered the phenomena of motion in the animal organism, and the theory of disease and of respiration.

Meagre as this index is of the contents, we can assure those who have not yet seen this much-talked-of production, that some very novel ideas are advanced. At present, it would seem that chemistry, with all its rapid advances under the illustrious Davy, has hardly yet found a place to stand upon. Whenever it does—and Dr. Liebig's investigations will contribute to this desirable result—philosophers will exclaim, with an air of discouragement, the more we learn, the less we know! Whether all these novel things by Dr. Liebig are to be received as positively true, and beyond the possibility of contradiction, remains to be ascertained. That he is a man of transcendent powers, admits of no question. He is surprising the learned with extraordinary propositions; and they, thus far, are disposed to look with an expression of astonishment, without attempting to controvert them.

A Chair for Schools.—In Messrs. Fowle & Capen's bookstore, at the corner of Washington and Franklin streets, there is to be seen a chair which is called "*An Improved School Chair.*" How any man at all acquainted with human anatomy, could in conscience recommend this miserable affair, is quite incomprehensible. It is decidedly the worst kind of seat for a child; and therefore, to prevent its adoption as much as possible, we pray that committees and school agents, before furnishing it to the school-houses in their charge, will carefully examine into its merits. It is said that two of the public schools of this city, and one in Salem, have introduced it—which is to be lamented, since it will, in our opinion, be productive of injury to the spine, and otherwise prove injurious to children. The back is too straight, and the seat too flat. The first should be curved, to fit the natural curve of the spinal column; and the latter should be made concave. A school chair for children should also have a kind of foot-stool attached to it, so that the limbs could be rested by raising the feet. Nature constantly urges students to that position, and boys instinctively take the liberty of assuming it, but a sense of propriety often prevents little girls from pursuing the same comfortable course. Hence they suffer from swollen feet, and lumbar weaknesses, from which the other sex are in a great measure exempt. By sitting a short time only on a hard chair, without a cricket for the feet, the bloodvessels are compressed on the edge of it, as well as the nerves, and an impeded circulation, numbness, and a feeling of excessive weariness in the limbs, speedily ensue. Yet in following the dictates of nature simply, under the circumstance of protracted violence from month to month, and year to year, children are frequently punished for contracting the vulgar habit of raising their feet. But students, when no longer overawed by the presence of a vigilant schoolmaster, elevate their pedal extremities, through college life, to the top of the mantelpiece.

The man who may yet contrive a proper school chair, which will ob-

viate the objections that should be strongly urged against wooden benches, seats with high, perpendicular backs, and seats of all kinds without foot-stools, will be a public benefactor, entitled to legislative consideration.

About the same amount of injury to the bones in front of the chest, and the vital organs, is produced by the ordinary sort of New-England school-house desk. Every one in the building should be made so that it could be elevated or lowered, according to the stature of the child. Without regard to this point, whether short or tall, children are now sent to their places. The desks being all of an equal altitude, the heads of the scholars are far from being on the same level. Without fatiguing any one with a homily on chairs, we enjoin it especially upon those who have accepted the trust, for the community, to furnish school-houses, to be influenced by a little more discretion and common sense in seating children, if they have any regard to their present personal comfort or their future condition of health.

Medical Exclusives.—Very many who are educated to the profession of medicine, have no power of adapting themselves to the circumstances of society. They read every learned production, keep pace with all the reviews, and are exceedingly careful never to associate with any but acknowledged scholars. They are considered by all who know them to be highly educated, gentlemanly, and well qualified to practise medicine—and yet they are almost without business. Others, their next-door neighbors, perhaps, with fewer requisites, half the erudition, and none of the accomplishments which may have been lavishly bestowed on them, are overwhelmed with calls and consultations. How is this to be accounted for? The tact of bending down to, and becoming one of the people, instead of expecting them to come up to him, is of immense consequence to the prosperity of a physician. It will not do to be so very exclusive as to frighten away those who would be his customers. Physicians are as dependent on the world as tradesmen, and they should not feel that it is a condescension to hear men and women explain themselves in their own peculiar way. Medical exclusives—especially those whose ambition prompts them to prize only the patronage of those as exclusive as themselves—will never succeed in a republican country. Medical men must accommodate themselves to the condition of society as they find it where they propose to practise, and sympathize with all who seek their advice. Kindness of manner, a pleasant expression, and an obliging disposition, will sustain any physician through all the changing scenes of professional life; but the morose face, the forbidding eye, and the cold-hearted air of superiority, which some mistake for the sign of a gentleman, lead to disappointment, drive away patients, and sicken the community of medical exclusives.

Albany Medical College.—By reference to the advertising page, it will be seen that the annual course of lectures commences on the first Tuesday of October. Ample preparations have been made for the comfort and accommodation of the class. Very many additions, we are informed, are perceptible in the museum, since last season; and, in fine, the prospect is such as to give the public increasing confidence in the institution. A silly rumor is abroad that Dr. March, of the surgical chair, is in ill health, and cannot, therefore, be expected to discharge the duties of the

professorship. We had the pleasure of travelling with the Dr. through a portion of the Valley of the Mohawk, a short time since, and he never gave better evidence of good health, a strong constitution, and devotion to the laborious practice of his profession. The story, therefore, is utterly without foundation; and he will continue, as in past years, his acceptable labors in the chair of surgery.

Dr. Reese's Lecture.—According to custom, Dr. Reese, Professor of Theory and Practice of Physic, at the Castleton Medical College, gave his introductory at the opening of the session, August 4th. It appears to have been well received by the class, at whose expense it was published. Much as we like to give a synopsis of pamphlets of this kind, other things claim precedence at present.

In commenting on the catalogue of students, at Castleton, some time since, we stated that twenty-nine of the students had gone from Massachusetts. By reference to the document, a copy of which was obtained last week, we find that the twenty-nine were from the State of New York, and that only three were from this State. We therefore hasten at once to correct the error.

Medical Miscellany.—William P. C. Barton, M.D., of the U. S. N., has received the appointment of *Chief* of the Bureau of Medicine and Surgery, in the late re-organization of the Navy.—An article in the Southern Review, upon Dr. Mott's travels in Europe, is exceedingly cutting. The doctor is either a great egotist, or he is shamefully misrepresented by Mr. Foster, of London, the supposed writer, and many others who have commented on his book.—Dr. Joseph Pollock, of Beaver, Co., N. Y., has received from the Governor the appointment of appraiser of canal damages.—Some material modifications of the duties of the physician and steward at the Lunatic Hospital, South Boston, are under consideration by the city government.—Yellow fever, notwithstanding all the predictions to the contrary, is likely to become epidemic at New Orleans, where, at the last dates, cases were daily multiplying.—Mr. Call's vaginal syringe meets with the decided approbation of practitioners everywhere.—Dr. James M. Green, late surgeon of the ship Pennsylvania, at Norfolk, is appointed fleet surgeon of the flag ship Independence in Boston harbor.—Dr. Forry has completed a great work, entitled "Physical Geography of the Earth, and its relations to organized and living beings, with special reference to the climate of the United States," which is to come from the press of the Harpers. The author is without a competitor in the department of science which he is cultivating with such distinguished success.—A lady, in Maryland, not long ago swallowed, accidentally, a needle, which made its exit between her ribs, without having given her any trouble or uneasiness.—The Board of Health in Mobile officially announce the existence of yellow fever in that place.—A public dinner was lately given to Dr. Jacob Randolph, at Philadelphia, on his return from Europe.—A Phreno-magnetic Society has been formed in Cincinnati, which publishes a paper. The association is very select, being limited to fifty members.—A writer in the London Medical Gazette suggests the expediency of dividing the sphincter ani with a bistoury for the purpose of extracting foreign bodies from the rectum, in preference to

using the forceps without the division.—Dr. Alison has succeeded Dr. Home in the professorship of Practical Medicine in the Edinburgh University.

MARRIED.—At Weybridge, Vt., Edwin H. Sprague, M.D., of Middlebury, to Miss Ora Dickinson, of the former place.—In Meredith, Dr. J. Knowles to Miss Olive Jane Ladd.—In Royalston, Vt., Calvin Skinner, M.D., of Malone, N. Y., to Miss Jane P. Blodgett, of the former place.—At Lancaster, Mass., Edwin Adams, M.D., of Boston, to Miss A. G. Pollard.

DIED.—At Bradford, Vt., on the 15th ult., with the quick consumption, Dr. Edward Clark, of Greensboro.—At Brandon, Vt., Lucius Smith, M.D., late of Fairhaven, aged 37 years. Dr. Smith was a highly respectable practitioner. His death was caused by severe and protracted erysipelas.—At Lyons, in France, Baron Larry, the celebrated surgeon and favorite of Napoleon, aged 76.—In London, T. H. Lister, Esq., Registrar-general of births, deaths, and marriages.

Number of deaths in Boston for the week ending Sept. 17, 44.—Males, 25; Females, 19. Stillborn, 5. Of consumption, 7—cancer, 1—scarlet fever, 1—disease of the heart, 1—inflammation of the bowels, 3—bowel complaint, 4—diarrhea, 3—marasmus, 1—enlargement of the heart, 1—liver complaint, 2—old age, 1—infantile, 2—cholera infantum, 3—typhus fever, 1—dropsy in the head, 1—canker rash, 1—dysentery, 2—chronic diarrhoea, 1—inflammation of the brain, 1—measles, 1—fever, 1—epilepsy, 1—scrofula, 1—dropsy in the chest, 1—child-bed, 1—drowned, 1.

MASSACHUSETTS MEDICAL COLLEGE.

THE Medical Lectures of Harvard University begin annually, at the Medical College in Mason street, Boston, on the first Wednesday in November, and continue four months.

The introductory Lecture is given at 12 o'clock of the above day, in the Anatomical Theatre, by the Professors in rotation.

The following are the courses of Lectures delivered in this College, with the fees annexed.

			Fees.
Anatomy and Operative Surgery,	- -	PROF. WARREN	\$15.00
Midwifery and Medical Jurisprudence,	- -	PROF. CHANNING	10.00
Materia Medica,	- -	PROF. BIGELOW	10.00
Principles of Surgery and Clinical Surgery,	- -	PROF. HAYWARD	10.00
Chemistry,	- -	PROF. WEBSTER	15.00
Theory and Practice of Physic and Clin. Med.	- -	PROFS. WARE and BIGELOW	15.00

There is no fee for matriculation. The Hospital and Library are gratuitous. Ticket for Dissecting Room, \$5.00. Board is as low as in any of our cities.

The Clinical Lectures in Medicine and Surgery are given on cases in the Massachusetts General Hospital, which are visited by the class three times a week. Surgical operations at the Hospital are frequent. An abundant opportunity is thus furnished to students for practical observation and study.

July 20—eptIN

WALTER CHANNING, Dean.

MED. DEPARTMENT OF THE COLUMBIAN COLL., WASHINGTON, D. C.

FACULTY.

THOMAS SEWALL, M. D., Professor of Pathology and the Practice of Medicine.
HARVEY LINDSLY, M.D., Professor of Obstetrics and the Diseases of Women and Children.
THOMAS MILLER, M.D., Professor of Anatomy and Physiology.
JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.
FREDERICK HALL, M.D., LL.D., Professor of Chemistry and Pharmacy.
WILLIAM P. JOHNSTON, M.D., Professor of Surgery.
SAMUEL C. SMOOT, M.D., Demonstrator of Anatomy.

The Lectures of this institution will commence on the first Monday in November, annually, and continue until the first of March.

The entire expense in a course of lectures by all the Professors, is \$70. Dissecting ticket, \$10.

Good board can be procured at from \$2.50 to \$3 per week. Most of the students during the last session paid but \$2.50 per week.

Washington, April, 1842.

July 27—eptNL

HARVEY LINDSLY, M.D., Dean.

MEDICAL INSTITUTION OF YALE COLLEGE.

THE Lecture Term, for 1842-3, will commence on Thursday, September 29th, and continue sixteen weeks.

Chemistry and Pharmacy, by	- - - -	BENJAMIN SILLIMAN, M.D., LL.D.
Theory and Practice of Physic, by	- - - -	ELI IVES, M.D.
Principles and Practice of Surgery, by	- - - -	JONATHAN KNIGHT, M.D.
Obstetrics, by	- - - -	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	- - - -	CHARLES HOOKER, M.D.
Materia Medica and Therapeutics, by	- - - -	HENRY BRONSON, M.D.
Lecture fees, \$68.50.—Contingent bill,	\$2.50.—Matriculation fee, \$5.—Graduation fee, \$15.	
New Haven, July 7, 1842	July 13—tL	CHARLES HOOKER, Secretary.

TO PHYSICIANS.

THE advertiser, residing in an enterprising village in the county of Windsor, Vt., desirous of retiring from practice, offers his situation for sale. Assistance will be rendered, if desired, to assist the purchaser into a good run of practice. Further particulars can be obtained by addressing, *post-paid*, the publisher of this Journal.

Sept. 14—31

CHANCE FOR A PHYSICIAN.

A PHYSICIAN in a pleasant sea-port village in Maine, wishing to leave the State, will dispose of his situation on the most reasonable terms. It is an eligible stand for business, and offers a good opportunity for a gentleman well qualified in his profession. For further information, inquire (if by letter, *post-paid*) at this office.

Sept. 14—31

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

SESSION OF 1842-43.

THE regular Lectures will commence on the first Monday of November.

ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.

ROBERT M. HUSTON, M.D., Professor of Materis Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Professor of General, Descriptive and Surgical Anatomy.

J. K. MITCHELL, M.D., Professor of Practice of Medicine.

THOMAS D. MUTTER, M.D., Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Professor of Chemistry.

Lectures and practical illustrations will be given at the Philadelphia Hospital regularly through the course, by

DR. DUNGLISON on Clinical Medicine.

DR. PANCOAST on Clinical Surgery.

On and after the first of October, the dissecting-room will be open, and the Professor of Anatomy and the Demonstrator, Dr. Jonathan M. Allen, will give their personal attendance thereto. Clinical instruction will likewise be given regularly at the Dispensary of the College. During the course, ample opportunities will be afforded to students of the school for Clinical Instruction; Professors Dunglison, Huston and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon of the Philadelphia Dispensary.

ROBERT M. HUSTON, M.D., *Dean of the Faculty.*

*. Boarding and other personal expenses of students are at least as cheap in Philadelphia as in any other city of the Union.

Ag. 24—1020

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION OF 1842-43.

THE Lectures will commence on Tuesday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing.

Practice and Theory of Medicine, by	- - -	NATHANIEL CHAPMAN, M.D.
Chemistry, by	- - -	ROBERT HARRIS, M.D.
Surgery, by	- - -	WILLIAM GIBSON, M.D.
Anatomy, by	- - -	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	- - -	SAMUEL JACKSON, M.D.
Materis Medica and Pharmacy, by	- - -	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	- - -	HUGH L. HODGE, M.D.

A course of Clinical Lectures and Demonstrations, in connection with the above, is given at the very extensive and convenient infirmary called the Philadelphia Hospital.

Clinical Medicine, by	- - -	W. W. GERHARD, M.D.
Clinical Surgery, by	- - -	DRS. GIBSON AND HORNER.

Dr. Horner continues in public attendance at the said Hospital until August 1st; and as the tickets of admission are issued for one year from November 1st, they remain valid for his course, and the other service of the house, until the time expires.

Clinical instruction in medicine is also given from the 1st day of November to the 1st day of March by Dr. Wood, in the Pennsylvania Hospital, an institution which is well known as one of the finest and best conducted infirmaries in the United States.

The rooms for practical anatomy will be opened October 1st, and continued so to the end of March. They are under the charge of Paul Beck Goddard, M.D., Demonstrator, with a supervision on the part of Dr. Horner.

Copious additions to the very extensive cabinets of Anatomy, Materis Medica, Chemistry, Surgery and Obstetrics, have recently been made, and are in progress; the polity of the school being to give to its instructions, both Didactic and Clinical, a character as practical and influential as possible in imparting a sound medical education.

The Professor of Materis Medica, besides his cabinet, has an extensive and well-furnished conservatory, from which are exhibited, in the fresh and growing state, the native and exotic medicinal plants.

263 Chestnut street, Philadelphia, August 1, 1842.

W. E. HORNER, M.D.,

Jy. 27—eoptN10

Dean of the Medical Faculty.

NOTE.—A considerable number of the distinguished graduates of the school who are in connection with the Medical Department of the Guardians of the Poor, and with the different Dispensaries and Beneficiary establishments of the city, give clinical and elementary instruction through the year, in private, and in their rounds of practice, to such gentlemen as desire it.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.